# Forms, forms and more forms

**Jill Rafuse**

**Résumé :** Les médecins affirment que les formules qu'ils ont à remplir constituent l'un des aspects les plus frustrants de leur pratique. Étant donné que la demande de documents s'accroît régulièrement, certains médecins veulent que la situation change. L'AMC a pris plusieurs initiatives pour régler le problème et les échanges qu'elle a eus avec le gouvernement fédéral et le secteur de l'assurance commencent à porter fruit.

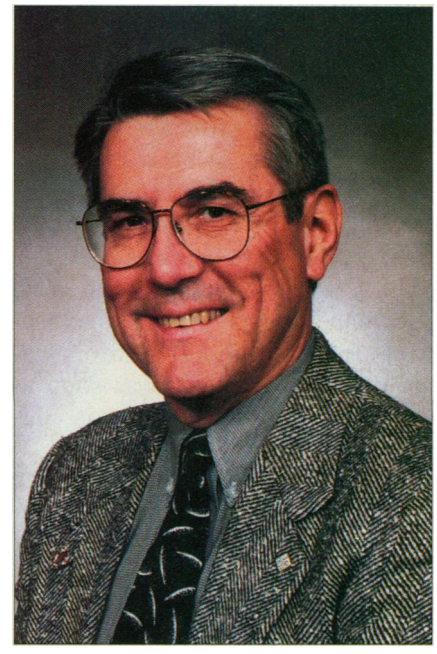
Mention the word "forms" to most physicians and you touch a raw nerve. Inundated with requests for sick-leave notes, disability appraisals, medical evaluations, professional opinions, legal reports and documentation for insurance companies, physicians complain that they are being buried in a mound of paperwork that is frequently unnecessary, inappropriate and unpaid — free-for-service, if you will.

"Uninsured services and third-party requests for a doctor's opinion may be the biggest growth industry in health care," says Dr. Briane Scharfstein, executive director of the Saskatchewan Medical Association (SMA). "It seems that anything you want to do in society today is OK, as long as you have a note from your doctor."

Assessments for insurance, federal tax-disability claims and pension programs are just the tip of the paperberg. A note from the doctor may be needed when an employee returns to work after a 5-day bout with influenza; it also lets a patient cancel a reserved trip to Florida without penalty, frees a motorist from wearing a seat belt, helps seniors qualify for special housing, relieves a debtor from loan repayments, admits children to summer camps and excuses them from phys-ed classes at school. The November 1993 issue of the Newfoundland and Labrador Medical Association *Communiqué* even commented on a dramatic increase in the demand for medical notes being requested by Memorial University students: "Often students feign an illness to avoid completing assigned tasks. . . ." At the time of writing, the university student health service was considering whether to reverse its policy and start charging students for the notes.

Last fall Dr. Guy Gokiert, a family physician from Westlock, Alta., who sits on CMA's Council on Health Care, volunteered to track for *CMAJ* the forms he was asked to complete. In the space of a month, he saw more than 35 different types of forms, with an average of 5–7 requests each day; surveys from hospitals and medical schools, inquiries about prescribing habits and questionnaires from professional societies were not included.

Most forms were from third parties requiring a medical evaluation of a patient seeking some ben-



**Gokiert: forms infuriating**

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efit. Fifteen of them related to medicals requested by the Royal Canadian Mounted Police, transport department and hockey leagues; Gokiert listed "insurance" as a single category and didn't count all the different companies that sent him customized forms. He filled many of these forms out in his "spare time" — the time he would otherwise devote to family, continuing medical education, community work, or leisure. Often, he knew he was doing the work for free.

"The number of forms I fill out has easily increased 100% in the 25 years I've been practising," he says. "Every layer of bureaucracy — government, industry, schools, everywhere — thinks they need medical documentation."

Some of it is an exercise in futility, he added, particularly when patients arrive *after* they've been sick — someone has recovered from an uncomplicated illness that did not require medical attention, misses work, and then seeks a note stating that he claims to have been sick and now appears to be well. Gokiert rarely charges for absence notes but they infuriate him because the employers will not pay and "patients object to paying for this when sick days are a benefit of their jobs." In a small community like Westlock, public-relations exercises such as free sick-leave forms are important. However, as Alberta considers rolling back doctors' incomes as part of its long-term goal of slashing health care spending,

## CMA makes progress in attempts to revise federal forms

The CMA has been working behind the scenes to improve the forms associated with several federal programs. Although the revision process is often slow, Dr. David Walters, the director of health care and promotion, says significant progress has been made.

Revenue Canada revised its **Disability Tax Credit Program form T2201** in time for the 1993 tax year, following extensive consultation with the CMA and other groups. The new document is a simplified, two-page checklist with sections to be completed by both patients and physicians. It eliminates the need for lengthy written evaluations by physicians and outlines eligibility criteria.

The CMA wants a more substantial revision of the entire program, but Walters says that would require legislative change. The CMA Board of Directors has asked Revenue Canada to initiate a "major overhaul and regulatory review" of the program as soon as possible, and consultation is continuing.

With eligibility hinging on the medical assessment, the CMA believes tax advisers and advocacy groups sometimes promote the program as a widely available tax credit that can be obtained if patients pressure their physicians enough. The situation cast doctors in two roles, patient advocate and Revenue Canada gatekeeper, but Walters says the entire program should be comprehensively evaluated to measure its effectiveness in helping people with disabilities. Even more onus should fall on the claimant's self-assessment, with the physician simply attesting to legitimate claims on patients' behalf.

Physicians are required by law to complete these certificates but must seek payment from patients, not the government. However, physicians are entitled to $50 from Ottawa if they are asked to provide additional information to medical adjudicators.

Over the past 2 years, the CMA worked closely with federal officials to redesign the medical form required for people making claims for **unemployment insurance (UI) sickness and maternity benefits**. The new form, introduced last October, simply requires physicians to confirm the patient's incapacity for work and to indicate a probable return-to-work date. In the case of pregnancy, they are asked to estimate the expected date of confinement.

Before introduction of the new form, Walters says, doctors were asked to complete several diagnostic reports for patients claiming up to 15 weeks of UI benefits. The claim will now be allowed as initially specified by the physician; subsequent information will be sought only if a doctor cannot determine a back-to-work date. Physicians must bill their patients for completing the form.

Discussions about forms required by patients seeking **Canada Pension Plan (CPP) disability benefits** are ongoing. The forms are considered cumbersome and the payment policy is unclear. The patient and physician each complete a form, but the patient is responsible for forwarding the application and documentation. The physician is paid by the federal government but only if the patient sends in the application; a patient who is unhappy with an assessment may discard it and seek another opinion. Payment to doctors is often delayed, and some question whether the $50 fee is reasonable compensation.

While the CMA's discussions with federal authorities continue, there is some expectation that the entire CPP program may be reviewed as when the Chrétien government examines federal spending on social programs.

physicians such as Gokiert may become less generous when it comes to noninsured services and third-party requests. The Ontario Medical Association (OMA) suggests that its members charge $10 for a sick note, $15 for a camp physical form, $20 for a disability tax credit form, $50 for a private insurance medical and $65 for a Canada Pension Plan disability medical report. Other CMA divisions provide similar guidelines.

Dr. Ken Langille, treasurer of the Medical Society of Nova Scotia (MSNS), is asked to complete at least five forms a day in his family practice in Berwick. Unless the form can be completed during a regular patient visit, he declines to do them during office hours, saving them instead for weekends or off-days. He says the number and variety of forms are growing and so is the detail sought by some employers.

Many of his patients work at a nearby tire plant, which requires employees who miss work to provide an doctor's report detailing diagnosis and treatment. Langille questions an employer's right to do this: "At the Workmen's Compensation Board, at least the information is assessed by a medical officer. But at Michelin, no medical personnel examine it. Who wants this information? And why? Where do they store it? One of my real concerns is confidentiality."

Langille says he occasionally "receives advice" on medical management from employers who are not satisfied with the information he has provided. Some, including provincial government departments, may request referral to a specialist if an employee has missed more than a certain number of work days because of a medical condition. "I get letters from clerks telling me to give the details of the diagnosis, the treatment, telling me that I must refer to a specialist . . . they tell me how I'm supposed to take care of their employee."

Langille recently wrote an editorial in an MSNS publication, *InforMed*, which reflected the frustration that has been building up over 18 years of practice. "These days, employers have absolutely no incentive to stop demanding unnecessary and inappropriate information from the doctor," he wrote. "It costs them nothing and it slows down the process, since doctors are known to be slow providing information. In addition, one must be concerned that some inappropriate information may end up in files that could be used to the ultimate disadvantage of the patient/employee at some point."

Often an employer's intention "is to secure a service that is sometimes not even necessary — and sometimes plainly inappropriate — for free, or for as little a cost as pos-

## There's good news and bad news on the insurance-form front

There's good news and bad news for physicians who grimace at the sight of more medical disability forms from insurance companies landing on their desks.

First, the good news. After consulting with the CMA and Ontario physicians and insurers, a Canadian Life and Health Insurance Association (CLHIA) committee has determined that there is still value in having a standard form for short-term disability-benefit claims. Some minor revisions have been made, but the standard form remains as simple as possible to meet the needs of most insurance carriers, and insurers are being encouraged to use this instead of company-specific forms.

The bad news concerns claims for long-term disability payments. Insurers advised CLHIA that their needs are so diverse that few companies, if any, use a generic form, and the committee subsequently recommended that it be dropped. CLHIA can only use "friendly persuasion" when it asks insurers to use a generic form. "CLHIA felt that if the form wasn't being used, there was no point in having it," said Charles Black, CLHIA's vice-president for insurance operations.

Companies say long-term disability claims are difficult to assess. "Often an insurer needs a physician's opinion both to prove the claim and to provide ongoing assessment," he says. Insurers, who may be required to pay claims up to age 65, need to know if rehabilitation, therapy, drug treatment or other interventions have altered the medical condition or the employee's ability to work. Since insurance coverage can be quite specific, generic forms are insufficient for most companies.

Dr. Ross MacKenzie, president of the Canadian Life Insurance Medical Officers Association and vice-president and chief medical director for the Sun Life Assurance Company in Toronto, says improved communication between the medical profession and insurance industry is already resulting in improved forms. "It's pretty evident there are problems when insurance companies either don't get the kind of information they want, or get an excessive amount they don't need," MacKenzie said.

MacKenzie, who is also a cardiologist at the Toronto General Hospital, says most insurance medical officers are also practising physicians who witness complaints about forms firsthand, and make practical suggestions about how companies can improve them.

The CMA will be a key player in bringing about further change. A staff task force is already developing a plan for consultations with the insurance industry.

sible by making it necessary for the doctor to charge the already injured and unwell at a time when they are disadvantaged."

Like Gokiert and many other Canadian physicians, Langille is uncomfortable asking patients to pay for uninsured services, particularly when he knows the patient's financial circumstances. Although he said he is becoming "less and less sensitive" about this type of direct billing, he admitted that "those of us who have always practised under [medicare] do have difficulty."

In spite of publicity, patients generally are surprised to learn that they must pay for certain services. Langille says that if more patients were charged and then had to seek compensation from a third party, they might question why the information is needed at all, and the number of requests might drop.

Both Gokiert and Langille think the increase in requests for medical documentation indicates growing distrust in society. Labour contracts routinely provide for sick leave, yet because some workers take advantage of this when they are not ill, employers now demand proof of illness — even when the worker may not have sought medical attention. "If they suspect fraud, their own medical personnel should do assessments," Langille says.

Gokiert notes that insurers also expect physicians to screen claims. At a recent meeting of the CMA's Council on Health Care, Dr. Martin Bass, professor of family medicine at the University of Western Ontario, described this as the "police function of physicians."

It is clear physicians are fed up. The SMA, for instance, has already drafted a policy statement about third-party requests and uninsured services. "Physicians should not be expected to judge whether the subject patient is eligible for the benefits provided by the third party," it states, nor should physicians be considered "by third parties as truant officers in dealing with absenteeism." The SMA also states that the party requesting medical information, reports or certificates "should be obliged to arrange for appropriate reimbursement."

Words have turned to action in Ontario, where the province has amended its Health Insurance Act to require that the third party requesting uninsured services, documentation or information pay the physician for these services. Effective Apr. 15, physicians may bill the third party or the patient directly. The patient is entitled to seek repayment from the third party.

Ontario doctors felt it wasn't clear who should pay for uninsured services requested by a third party. Darrel Weinkauf, the OMA's director of economics, says this activity has been valued at $90 million a year in Ontario. "It was inappropriate for publicly financed medical insurance to pay for third-party requests, but physicians felt it was equally inappropriate for them to be babysitters for employers," he says.

The OMA sought clarification

## It pays to read the fine print

Toward the end of 1993, many Manitoba doctors complained about a travel-insurance form the Prudential Insurance Co. of America was providing to clients with chronic but controlled medical conditions. Travel insurance usually excludes coverage for "pre-existing medical conditions," but Prudential agreed to waive the exclusion if the policyholder's doctor agreed that travel would not be harmful.

Prudential asked physicians to sign this declaration: "I confirm that the trip will have no anticipated negative effect on the condition of the insured and it is not anticipated that the insured will take ill during the trip."

The Manitoba Medical Association (MMA) fielded at least 30 inquiries or complaints regarding the form and advised members to decline to fill it out, or to include a handwritten amendment. Prudential subsequently agreed to revise its form and to treat existing forms as if they stated: "The applicant has advised me that s/he plans to travel soon. Based upon my knowledge of the applicant's current medical condition, I have no medical objection to that travel. This information is provided on the condition and the understanding that Prudential will not hold me liable in any way for losses that it may incur by providing the applicant with coverage during this trip." Prudential says the revised wording also applies to forms already signed by physicians. [In December 1993 a competitor of Prudential, Travel Underwriters, sent a letter to many physicians commenting about the legal impact of the Prudential form and the company's intentions in having doctors sign it. A Prudential spokesman says his firm has commenced a lawsuit against Travel Underwriters. — Ed.]

John Laplume, executive director of the MMA, says the MMA and Canadian Medical Protective Association agree that the new wording responds to physicians' principal concern — that they were being asked to guarantee that patients wouldn't become ill while travelling. Although Prudential says this was never the intention, the wording on the form was unclear.

"Dozens if not hundreds" of different forms seeking a medical declaration are in circulation, Laplume adds, and "physicians can't be put in the position to interpret the legal wording on every one. The lesson to be learned here is that physicians should read what they sign."

and the government agreed to state plainly, through legislation, that the third party is liable for payment. Not only will this encourage employers to think twice before insisting that employees seek unnecessary medical attention, it should also reduce Ontario Health Insurance Plan (OHIP) expenditures, since the legislation clearly leaves third-party services outside its scope of coverage. Weinkauf says the projected annual saving is $20 million, although no one expects that will be achieved in the first year.

In a fact sheet distributed earlier this year, the Ontario Ministry of Health suggested that under the new rules, third parties may choose to change the number and types of uninsured services they require. This would stop a practice that arose last year when certain third parties — summer camps among them — asked applicants for written medical forms; some advised applicants that since one physical examination per patient per year is covered by OHIP, they could fill out their own forms by simply relaying the doctor's assessment. With the legislation behind it, the OMA is advising members to ensure that patients know the third party is liable for payment. New posters, wide publicity and the OMA-published *Physician's Guide to Third-Party and Other Uninsured Services* have helped get the message across.

**Scharfstein: Anything is OK if you have a note from your doctor.**

Ultimately, the decision to charge patients or third parties still rests with individual doctors. However, Weinkauf says "the doctors who charge for forms don't have as much of a problem as those who do them for free."

Medical associations in all provinces except Quebec publish recommended-fee guidelines, and many have mounted poster campaigns. In Saskatchewan, where the forms issue is "increasingly important," the SMA plans to communicate directly with the public and the worst offenders: employers, school boards and insurance companies. "We think it will help if the profession's position is clearly defined," Scharfstein says. ■


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